

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gaskill for State Representative

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Mary Gaskill

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (if Senate or House)

93

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.  
2008 JUL 21 PM 7:18 AM 10:43

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1376

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Carollee Kern  
SIGNATURE OF PERSON FILING REPORT

641-684-8235  
TELEPHONE

7-17-08  
DATE SIGNED

I AM FILING A 07/19/2008

(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 8,607.30

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1,210.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**.....\$

9,817.30

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,325.73

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 7,491.57

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 4,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/17/08	ID# CK#	Marlene Sprouse 12 Bear Creek Estates Drive Ottumwa, IA 52501	none	\$50.00	<input checked="" type="checkbox"/>
6/17/08	ID# CK#	Bob Morrissey 10768 Bladensburg Road Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
6/17/08	ID# CK#	Jim Lindenmayer 819 E Alta Vista Avenue Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
6/17/08	ID# CK#	Mick Lawson 1601 N Court Street Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
6/17/08	ID# CK#	Thomas A. Rubel 2192 Port Talbot Place Coralville, IA 52241	none	50.00	<input checked="" type="checkbox"/>
6/17/08	ID# CK#	Kelly Conrad 13533 Angle Road Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
7/10/08	ID# CK#	Dana S. Holland 61 Schwartz Drive Ottumwa, IA 52501	none	25.00	<input checked="" type="checkbox"/>
7/10/08	ID# CK#	L. Gene Carlson No. 36 Woodshire Drive Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
7/10/08	ID# CK#	Julie K. Meldrem 11801 Rutledge Road Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
7/10/08	ID# CK#	Judith K. Beisch 131 Bryan Road Ottumwa, IA 52501	none	25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 650.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gaskill for State Representative

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**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7/10/08	ID# CK#	Ron Stursma 402 Grandview Ottumwa, IA 52501	none	\$75.00	<input checked="" type="checkbox"/>
7/10/08	ID# 6067 CK# 3839	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266	none	250.00	<input checked="" type="checkbox"/>
7/14/08	ID# CK#	Unitemized Contributions	none	35.00	<input checked="" type="checkbox"/>
7/14/08	ID# CK#	Joe Haupt 13460 Angle Road Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
7/14/08	ID# CK#	Mike McWilliams 210 Filmore Street Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
7/14/08	ID# CK#	James H. Schwartz 107 E 2nd Street Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 560.00	
TOTAL (if last page of this schedule)				\$ 1,210.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/30/08	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Fee and Sales Tax	\$ 2.14
06/02/08	ID# CK# 1137	Target P.O. Box 59317 Minneapolis, MN 55459-0317	Printer Cartridges	57.75
6/18/08	ID# CK# 1138	IDP Truman Fund 5661 Fleur Dr. Des Moines, IA 50321	Donation	2,000.00
6/30/2008	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA 52501	Bank Fee and Sales Tax	2.14
7/09/08	ID# CK# 1139	Mehgan Lee 5661 Fleur Dr. Des Moines, IA 50321	Re-imbursement of postage costs for fund raiser	250.20
7/14/08	ID# CK# 1140	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	Re-imbursement 1/4 of computer on line costs 5/15/08 to 7/14/08	13.50
<del>7/14/08</del>	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2,325.73
TOTAL (if last page of this schedule)				\$ 2,325.73

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

**RESET****COMMITTEE NAME** (Must be same as on Statement of Organization)

Gaskill for State Representative

SCHEDULE

**F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAYED**☐ **CHECK THIS BOX IF  
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 4,000.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

**TOTAL (PART I)**

\$ 0.00

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

**TOTAL CASH REPAYMENTS (PART II)**

\$ 0.00

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0.00

**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD**

\$ 4,000.00

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